

DebtEd

**U.S. Bankruptcy Court
Northern District of California (Oakland)
Bankruptcy Petition #: 09-70509**

Date filed: 11/03/2009

Assigned to: Judge Leslie J. Tchaikovsky
Chapter 13
Voluntary
Asset

Debtor

OSO Cold Records

1853 9th Ave. #1, #2, #3 n/c #1

Oakland, CA 94606

Tax ID / EIN: 0

dba

Sub-Tenant 394717 a/a 38883

aka

**3109 King St Property Mgmt/ Promugatoress
394717**

represented by **OSO Cold Records**
PRO SE

Joint Debtor

Kamaal Romon Goyens, Sr.

1853 9th Ave. #1

Oakland, CA 94606

SSN / ITIN: xxx-xx-6021

represented by **Kamaal Romon Goyens, Sr.**
PRO SE

Trustee

Martha G. Bronitsky

P.O. Box 5004

Hayward, CA 94540-5004

510-266-5580

I hereby certify that the foregoing annexed
instrument is a true and correct copy of the
original on file in the Northern District of Calif.

Dated:

Gloria L. Franklin, Clerk

U.S. Bankruptcy Court

11/6/2009

By [Signature]
Deputy Clerk

U.S. Trustee

Office of the U.S. Trustee/Oak

Office of the U.S. Trustee

1301 Clay St. #690N

Oakland, CA 94612

(510) 637-3200

Filing Date	#	Docket Text
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11/03/2009	<u>1</u>	Chapter 13 Voluntary Petition, Fee Amount \$80.00. Filed by OSO Cold Records , Kamaal Romon Goyens Sr.. Section 521 Filings due by 12/18/2009. Order Meeting of Creditors due by 12/3/2009. Chapter 13 Plan due by 11/18/2009. (tp) COURT ENTRY: NO PAYMENT FOR RENT WITH PETITION (AS INDICATED ON PAGE 2 OF PETITION).Modified on 11/4/2009 (tp). (Entered: 11/03/2009)
11/03/2009	<u>2</u>	Statement of Social Security Number. Filed by Joint Debtor Kamaal Romon Goyens Sr. (tp) (Entered: 11/03/2009)
11/03/2009	<u>3</u>	Chapter 13 Plan Filed by Joint Debtor Kamaal Romon Goyens Sr., Debtor OSO Cold Records (RE: related document(s) <u>1</u> Voluntary Petition (Chapter 13) filed by Debtor OSO Cold Records, Joint Debtor Kamaal Romon Goyens). (tp) (Entered: 11/03/2009)
11/03/2009	<u>4</u>	Application to Pay Filing Fee in Installments Filed by Joint Debtor Kamaal Romon Goyens Sr., Debtor OSO Cold Records (tp) (Entered: 11/03/2009)
11/03/2009	<u>5</u>	Certification of Domestic Support Obligation Payees are Current at this Time. Filed by Joint Debtor Kamaal Romon Goyens Sr., Debtor OSO Cold Records (tp) (Entered: 11/03/2009)
11/03/2009	<u>6</u>	Debtor's Certification in Support of Discharge. Filed by Joint Debtor Kamaal Romon Goyens Sr., Debtor OSO Cold Records (tp) Modified on 11/5/2009 NO NOTICE GENERATED. (pw). (Entered: 11/03/2009)
11/03/2009	<u>7</u>	Application For Order Waiving Requirement for Business Evaluation ; Declaration of Debtor(s). Filed by Joint Debtor Kamaal Romon Goyens Sr., Debtor OSO Cold Records (tp) (Entered: 11/03/2009)
11/03/2009		Receipt of Installment Filing Fee for Chapter 13 Voluntary Petition. Amount 80.00 from Kamaal Goyens. Receipt Number 50071935. (admin) (Entered: 11/03/2009)
11/03/2009		Receipt of Installment Filing Fee for Chapter 13 Voluntary Petition. Amount 50.00 from Kamaal Goyens Sr.. Receipt Number 50071936. (admin) (Entered: 11/03/2009)
11/06/2009	<u>8</u>	Notice of Certified Copy of Docket Report (trw) Modified on 11/6/2009 PLEASE DISREGARD. REFER TO DOCUMENT #9 (trw). (Entered: 11/06/2009)
11/06/2009	<u>9</u>	Corrected Notice of Certified Copy of Docket Report (trw) (Entered: 11/06/2009)

UNITED STATES BANKRUPTCY COURT

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PROOF OF CLAIM

Name of Debtor:

ANTHONY MAZUROWSKI

Case Number:

08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
INDY MAC division of One West

Name and address where notices should be sent:

Anthony Mazurowski
117 Montgomery Road
Sebastopol, CA 95472

Telephone number:

(707) 824-0436

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:

(If known)

Filed on:

Name and address where payment should be sent (if different from above):

SAME

Telephone number:

SAME

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: **MORTGAGE NOTE**

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
 Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

☐ Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

4/5/12

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

UNITED STATES BANKRUPTCY COURT

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PROOF OF CLAIM

Name of Debtor:

ANTHONY MAZUROWSKI

Case Number:

08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
INDY MAC division of One West

Name and address where notices should be sent:

Anthony Mazurowski
117 Montgomery Road
Sebastopol, CA 95472

Telephone number:

(707) 824-0436

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

SAME

Telephone number:

SAME

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ _____

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: **MORTGAGE NOTE**

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
 Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 4/5/10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

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INSTRUCTIONS FOR PROOF OF CLAIM FORM

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Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

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State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

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Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

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A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

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Proof of Claim

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Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

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Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT San Francisco District of California		PROOF OF CLAIM
Name of Debtor: Robert E. Lehman Lehman Brothers		Case Number: 08-13555 08-13555
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): PG&E Acct		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: PG&E Acct 3109 King St#A 1900 Harrison St. Oakland, Ca 94612		
Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Lehman Brothers Holding Inc		
Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: ____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: 4/15/10	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Robert E. Lehman	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT District of		PROOF OF CLAIM
Name of Debtor: <u>Lehman Brothers Holding</u>		Case Number: <u>08-13555</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>PG&E Acct</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>PG&E Acct</u> <u>3109 King St #D</u> <u>1900 Harrison St</u> <u>Oakland, Ca 94612</u>		Court Claim Number: _____ (If known)
Telephone number: _____		Filed on: _____
Name and address where payment should be sent (if different from above): <u>Lehman Brothers Holding</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Robert Elman</u>	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of California		PROOF OF CLAIM
Name of Debtor: <u>Lehman Brothers</u>		Case Number: <u>08-13555</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): PG&E Acct		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: PG&E Acct 1900 Harrison St Oakland, Ca 94612		Court Claim Number: _____ (If known)
Telephone number: _____		Filed on: _____
Name and address where payment should be sent (if different from above): <u>Lehman Brothers Holdings</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		Amount entitled to priority: \$ _____
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, _____ If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <u>4/9/10</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Robert G...</u>	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09483362
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705
2. I served a copy of the Notice of Change of Address by enclosing it in a sealed envelope with postage fully prepaid and (check one):
 - a. ☐ deposited the sealed envelope with the United States Postal Service.
 - b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. The Notice of Change of Address was mailed:
 - a. on (date): MAR 29 2010
 - b. from (city and state): Santa Ana, CA
4. The envelope was addressed and mailed as follows:

<p>a. Name of person served: ROBERT EBERWEIN</p> <p>Street address: 3109 King Street, Unit D</p> <p>City: Berkeley</p> <p>State and zip code: CA 94703</p> <p>b. Name of person served: CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN</p> <p>Street address: 3109 King Street, Unit D</p> <p>City: Berkeley</p> <p>State and zip code: CA 94703</p>	<p>c. Name of person served:</p> <p>Street address:</p> <p>City:</p> <p>State and zip code:</p> <p>d. Name of person served:</p> <p>Street address:</p> <p>City:</p> <p>State and zip code:</p>
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☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: MAR 29 2010

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

MC-040

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09897) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE		CASE NUMBER: BG09483362 JUDICIAL OFFICER:	
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		DEPT.:	
NOTICE OF CHANGE OF ADDRESS			

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
- ☒ the attorney for:
- a. ☒ plaintiff (name): BANK OF NEW YORK et al.
 - b. ☐ defendant (name):
 - c. ☐ petitioner (name):
 - d. ☐ respondent (name):
 - e. ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- a. Street: 1231 East Dyer Road, Suite 100
- b. City: Santa Ana
- c. Mailing address (if different from above):
- d. State and zip code: CA 92705
- e. Telephone number: (714) 481-9100
- f. Fax number (optional): (714) 481-9151
- g. E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.

(TYPE OR PRINT NAME)

SIGNATURE OF PARTY OR ATTORNEY

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN; CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09481718
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705

 2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and (check one):
 - a. ☐ deposited the sealed envelope with the United States Postal Service.
 - b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

 3. The *Notice of Change of Address* was mailed:
 - a. on (date) **MAR 29 2010**
 - b. from (city and state): Santa Ana, CA

 4. The envelope was addressed and mailed as follows:


a. Name of person served: ROBERT EBERWEIN Street address: 3109 King Street, Unit A City: Berkeley State and zip code: CA 94703	c. Name of person served: Street address: City: State and zip code:
b. Name of person served: CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN Street address: 3109 King Street, Unit A City: Berkeley State and zip code: CA 94703	d. Name of person served: Street address: City: State and zip code:
- ☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **MAR 29 2010**

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09617) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE			
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN; CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		CASE NUMBER: BG09481718 JUDICIAL OFFICER:	
NOTICE OF CHANGE OF ADDRESS		DEPT.:	

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
☒ the attorney for:
- a. ☒ plaintiff (name): BANK OF NEW YORK et al.
b. ☐ defendant (name):
c. ☐ petitioner (name):
d. ☐ respondent (name):
e. ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- a. Street: 1231 East Dyer Road, Suite 100
b. City: Santa Ana
c. Mailing address (if different from above):
d. State and zip code: CA 92705
e. Telephone number: (714) 481-9100
f. Fax number (optional): (714) 481-9151
g. E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN; CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09481718
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705

2. I served a copy of the Notice of Change of Address by enclosing it in a sealed envelope with postage fully prepaid and (check one):

- a. ☐ deposited the sealed envelope with the United States Postal Service.
- b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The Notice of Change of Address was mailed:

- a. on (date) MAR 29 2010
- b. from (city and state): Santa Ana, CA

4. The envelope was addressed and mailed as follows:

a. Name of person served: ROBERT EBERWEIN

Street address: 3109 King Street, Unit A
City: Berkeley
State and zip code: CA 94703

c. Name of person served:

Street address:
City:
State and zip code:

b. Name of person served: CHALEDEEANKA DEBORAH
ANN WILLIAMS GOYENS-BELL EBERWEIN

Street address: 3109 King Street, Unit A
City: Berkeley
State and zip code: CA 94703

d. Name of person served:

Street address:
City:
State and zip code:

☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: MAR 29 2010

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

MC-040

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09617) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE		
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN; CHALEDEEANNKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		CASE NUMBER: BG09481718
NOTICE OF CHANGE OF ADDRESS		JUDICIAL OFFICER: DEPT.:

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
- ☒ the attorney for:
- a. ☒ plaintiff (name): BANK OF NEW YORK et al.
 - b. ☐ defendant (name):
 - c. ☐ petitioner (name):
 - d. ☐ respondent (name):
 - e. ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- a. Street: 1231 East Dyer Road, Suite 100
- b. City: Santa Ana
- c. Mailing address (if different from above):
- d. State and zip code: CA 92705
- e. Telephone number: (714) 481-9100
- f. Fax number (optional): (714) 481-9151
- g. E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09483364
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and (check one):

- a. ☐ deposited the sealed envelope with the United States Postal Service.
- b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Change of Address* was mailed:

- a. on (date): MAR 29 2010
- b. from (city and state): Santa Ana, CA

4. The envelope was addressed and mailed as follows:

a. Name of person served: ROBERT EBERWEIN

Street address: 3109 King Street, Unit B
City: Berkeley
State and zip code: CA 94703

c. Name of person served:

Street address:
City:
State and zip code:

b. Name of person served: CHALEDEEANKA DEBORAH
ANN WILLIAMS GOYENS-BELL EBERWEIN

Street address: 3109 King Street, Unit B
City: Berkeley
State and zip code: CA 94703

d. Name of person served:

Street address:
City:
State and zip code:

☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: MAR 29 2010

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

MC-040

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09877) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE			
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		CASE NUMBER: BG09483364 JUDICIAL OFFICER:	
NOTICE OF CHANGE OF ADDRESS		DEPT.:	

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
☒ the attorney for:
- a. ☒ plaintiff (name): BANK OF NEW YORK et al.
 - b. ☐ defendant (name):
 - c. ☐ petitioner (name):
 - d. ☐ respondent (name):
 - e. ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- a. Street: 1231 East Dyer Road, Suite 100
- b. City: Santa Ana
- c. Mailing address (if different from above):
- d. State and zip code: CA 92705
- e. Telephone number: (714) 481-9100
- f. Fax number (optional): (714) 481-9151
- g. E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09483362
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705
2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and (check one):
 - a. ☐ deposited the sealed envelope with the United States Postal Service.
 - b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. The *Notice of Change of Address* was mailed:
 - a. on (date): MAR 29 2010
 - b. from (city and state): Santa Ana, CA
4. The envelope was addressed and mailed as follows:

a. Name of person served: ROBERT EBERWEIN Street address: 3109 King Street, Unit D City: Berkeley State and zip code: CA 94703	c. Name of person served: Street address: City: State and zip code:
b. Name of person served: CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN Street address: 3109 King Street, Unit D City: Berkeley State and zip code: CA 94703	d. Name of person served: Street address: City: State and zip code:

☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: MAR 29 2010

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

MC-040

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09897) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE		
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		CASE NUMBER: BG09483362 JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS		DEPT.:

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
☒ the attorney for:
- ☒ plaintiff (name): BANK OF NEW YORK et al.
 - ☐ defendant (name):
 - ☐ petitioner (name):
 - ☐ respondent (name):
 - ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- Street: 1231 East Dyer Road, Suite 100
- City: Santa Ana
- Mailing address (if different from above):
- State and zip code: CA 92705
- Telephone number: (714) 481-9100
- Fax number (optional): (714) 481-9151
- E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

MC-040

PLAINTIFF: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT: ROBERT EBERWEIN, CHALEDEEANKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN	CASE NUMBER: BG09483364
---	--------------------------------

**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify): 1231 East Dyer Road, Suite 100, Santa Ana, CA 92705

2. I served a copy of the Notice of Change of Address by enclosing it in a sealed envelope with postage fully prepaid and (check one):

- a. ☐ deposited the sealed envelope with the United States Postal Service.
- b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The Notice of Change of Address was mailed:

- a. on (date): MAR 29 2010
- b. from (city and state): Santa Ana, CA

4. The envelope was addressed and mailed as follows:

a. Name of person served: ROBERT EBERWEIN

Street address: 3109 King Street, Unit B
City: Berkeley
State and zip code: CA 94703

c. Name of person served:

Street address:
City:
State and zip code:

b. Name of person served: CHALEDEEANKA DEBORAH
ANN WILLIAMS GOYENS-BELL EBERWEIN

Street address: 3109 King Street, Unit B
City: Berkeley
State and zip code: CA 94703

d. Name of person served:

Street address:
City:
State and zip code:

☐ Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: MAR 29 2010

Anna Esbri

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

MC-040

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ryan W. Stocking, Esq., Bar No. 257567 MILES, BAUER, BERGSTROM & WINTERS 1231 East Dyer Road, Suite 100 (09-09877) Santa Ana, CA 92705 TELEPHONE NO.: (714) 481-9100 FAX NO. (Optional): (714) 481-9151 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PLAINTIFF		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 MARTIN LUTHER KING, JR. WAY MAILING ADDRESS: CITY AND ZIP CODE: BERKELEY, CA 94704 BRANCH NAME: BERKELEY COURTHOUSE			
PLAINTIFF/PETITIONER: BANK OF NEW YORK AS TRUSTEE FOR THE CERTIFICATEHOLDERS CWALT 2005-41 DEFENDANT/RESPONDENT: ROBERT EBERWEIN, CHALEDEEANNKA DEBORAH ANN WILLIAMS GOYENS-BELL EBERWEIN		CASE NUMBER: BG09483364 JUDICIAL OFFICER:	
NOTICE OF CHANGE OF ADDRESS		DEPT.:	

1. Please take notice that, as of (date): 03/15/10

- ☐ the following party or
☒ the attorney for:
- a. ☒ plaintiff (name): BANK OF NEW YORK et al.
 - b. ☐ defendant (name):
 - c. ☐ petitioner (name):
 - d. ☐ respondent (name):
 - e. ☐ other (describe):

has changed his or her address for service of notices and documents in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The new address of (name): MILES, BAUER, BERGSTROM & WINTERS

is as follows:

- a. Street: 1231 East Dyer Road, Suite 100
- b. City: Santa Ana
- c. Mailing address (if different from above):
- d. State and zip code: CA 92705
- e. Telephone number: (714) 481-9100
- f. Fax number (optional): (714) 481-9151
- g. E-mail address (optional):

3. All notices and documents regarding the action should be sent to the above address.

Date: MAR 29 2010

Ryan W. Stocking, Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

ORIGINAL FILED

MAR 26 2010

BANKRUPTCY COURT
OAKLAND, CALIFORNIA

UNITED STATES
BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

40070275 - JB

March 26, 10
16:52:55

ADVERSARY
10-04076

Debtor.: PROPERTY ASSET MANAGEMENT
Judge...: EDWARD JELLEN
Amount.:

Total -> \$0.00

FROM: LISA MORRIS

STOR

Declaration of Lisa Swain-Morris as Trustor in
Support Ex Parte Motion nun pro tunc entry
missing proofs Of claims filed February 2nd 2010
APEN 004-0015-015

I Lisa Swain-Morris swear under penalty of perjury that I personally and not any other female that
Could have been on court lists of non-filers whom I am in business with did not file or bring in which is
Wrong. I personally appeared at the counter with these proofs of claims. Executed in Oakland California
under the laws of the United States under penalty of perjury.

Lisa Swain-Morris

10-4076

RT NORTHERN DISTRICT OF CALIFORNIA

10-40860-EDJ13/7

*FOR WAIVER
REQUEST FOR
ADVERSARY*

ORIGINAL FILED

MAR 26 2010

BANKRUPTCY COURT
OAKLAND, CALIFORNIA

UNITED STATES
BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

40070275 - JB

March 26, 10
16:52:55

ADVERSARY
10-04076

Debtor.: PROPERTY ASSET MANAGEMENT
Judge...: EDWARD JELLEN
Amount.:

Total -> \$0.00

FROM: LISA MORRIS

STOR

Declaration of Lisa Swain-Morris as Trustor in
Support Ex Parte Motion nun pro tunc entry
missing proofs Of claims filed February 2nd 2010
APEN 004-0015-015

I Lisa Swain-Morris swear under penalty of perjury that I personally and not any other female that
Could have been on court lists of non-filers whom I am in business with did not file or bring in which is
Wrong. I personally appeared at the counter with these proofs of claims. Executed in Oakland California
under the laws of the United States under penalty of perjury.

Lisa Swain-Morris

10-4076

RT NORTHERN DISTRICT OF CALIFORNIA

10-40860-EDJ13/7

*FOR WAIVER
REQUEST FOR
ADVERSARY*

ORIGINAL FILED

MAR 26 2010

BANKRUPTCY COURT
OAKLAND, CALIFORNIA

UNITED STATES
BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

40070275 - JB

March 26, 10
16:52:55

ADVERSARY
10-04076
Debtor.: PROPERTY ASSET MANAGEMENT
Judge...: EDWARD JELLEN
Amount.:

Total -> \$0.00

FROM: LISA MORRIS

1
STOR

Declaration of L. Swain-Morris as Trustor in
Support Ex Parte Motion nun pro tunc entry
missing proofs Of claims filed February 2nd 2010
APEN 004-0015-015

I Lisa Swain-Morris swear under penalty of perjury that I personally and not any other female that
Could have been on court lists of non-filers whom I am in business with did not file or bring in which is
Wrong. I personally appeared at the counter with these proofs of claims. Executed in Oakland California
under the laws of the United States under penalty of perjury.

Lisa Swain-Morris

10-4076

RT NORTHERN DISTRICT OF CALIFORNIA

10-40860-EDJ13/7

FOR WAIVER
REQUEST FOR
ADVERSARY

ORIGINAL FILED

MAR 26 2010

BANKRUPTCY COURT
OAKLAND, CALIFORNIA

UNITED STATES
BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

40070275 - JB

March 26, 10
16:52:55

ADVERSARY
10-04076
Debtor.: PROPERTY ASSET MANAGEMENT
Judge.: EDWARD JELLEN
Amount.:

Total -> \$0.00

FROM: LISA MORRIS

STOR

Declaration of Lisa Swain-Morris as Trustor in
Support Ex Parte Motion for entry
missing proofs of claims filed February 2nd 2010
APEN 004-0015-015

I Lisa Swain-Morris swear under penalty of perjury that I personally and not any other female that
Could have been on court lists of non-filers whom I am in business with did not file or bring in which is
Wrong. I personally appeared at the counter with these proofs of claims. Executed in Oakland California
under the laws of the United States under penalty of perjury.

Lisa Swain-Morris

10-4076

RT NORTHERN DISTRICT OF CALIFORNIA

10-40860-EDJ13/7

*FOR WAIVER
REQUEST FOR
ADVERSARY*

UNITED STATES BANKRUPTCY COURT

Pg 26 of 29

PROOF OF CLAIM

Name of Debtor

Lehman Brothers Holding

Case Number

08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
WELLS FARGO BANK, NA

Name and address where notices should be sent:

MICHAEL J ILNICKI
855 DONALD ST.
SONOMA, CA 95476

Telephone number:

415 902 3698

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:

(If known)

Filed on:

Name and address where payment should be sent (if different from above):

SAME

Telephone number:

SAME

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: MORTGAGE NOTE

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor 5752

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☒ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 5-5-10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Michael J Ilnicki

FOR COURT USE ONLY

35
Recording Requested By:
FIRST AMERICAN LOANSTAR TRUSTEE
SERVICES

When Recorded Mail To:
FIRST AMERICAN LOANSTAR TRUSTEE
SERVICES
P.O. BOX 961253
FT WORTH, TX 76161-0253



2009064258

OFFICIAL RECORDS OF
SONOMA COUNTY
JANICE ATKINSON

GENERAL PUBLIC
06/30/2009 11:20 ASGTTD
RECORDING FEE: 8.00
PAID

1 PG



APN: 127-093-059-000

Space above this line for Recorder's use only

TS No.: 20099070810854

Title Order No.: 4135739



ASSIGNMENT OF DEED OF TRUST

For Value Received, the undersigned corporation hereby grants, assigns, and transfers to:

HSBC Bank USA, National Association as Trustee for Wells Fargo Asset Securities
Corporation, Mortgage Asset-Backed Pass-Through Certificates Series 2007-AR8

all beneficial interest under that certain Deed of Trust dated: 7/31/2007 executed by

MICHAEL J ILNICKI

Trustor(s), to FIDELITY NATIONAL TITLE INSURANCE COMPANY, as Trustee, and recorded
on 8/14/2007 as Instrument No. 2007090158, in Book, Page in the office of the County Recorder of
SONOMA County, CALIFORNIA together with the Promissory Note secured by said Deed of Trust
and also all rights accrued or to accrue under said Deed of Trust.

Dated: JUN 26 2009

WELLS FARGO BANK, N.A. BY FIRST
AMERICAN LOANSTAR TRUSTEE SERVICES,
LLC, ITS ATTORNEY IN FACT, AS
BENEFICIARY

By: Chet Sconyers, Certifying Officer

State of TEXAS

County of TARRANT

Before me Kent R. O'Quinn *notary public*, on this day personally appeared,
Chet Sconyers, known to me to be the person whose name is
subscribed to the foregoing instrument and acknowledged to me that this person executed the same for
the purposes and consideration therein expressed.

Given under my hand and seal of office this JUN 26 2009 day of JUN 26 2009, A.D.,

(Notary Seal)

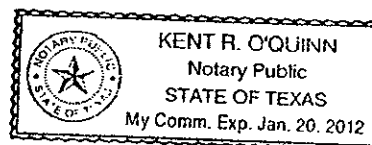
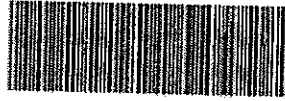


Exhibit C

22
Requested and Prepared by:

When Recorded Mail To:
FIRST AMERICAN LOANSTAR TRUSTEE SERVICES
P.O. BOX 961253
FT. WORTH, TX 76161-0253

CALSA



2009060333

OFFICIAL RECORDS OF
SONOMA COUNTY
JANICE ATKINSON

GENERAL PUBLIC
06/19/2009 11:13 SBST
RECORDING FEE: 11.00
PAID

2 PGS



Space above this line for Recorder's use only

TS No. : 20099070810854
TSG No. : 4135739
Loan No.: *****5752/ILNICKI

California

SUBSTITUTION OF TRUSTEE

WHEREAS,

MICHAEL J ILNICKI

was the original Trustor, FIDELITY NATIONAL TITLE INSURANCE COMPANY was the original Trustee, and WELLS FARGO BANK, N.A. was the original Beneficiary under that certain Deed of Trust Dated 7/31/2007 and recorded on 08/14/2007 as Instrument No. 2007090158, in Parcel No. 127-093-059-000 of Official Records of SONOMA County, California; and

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitute, FIRST AMERICAN LOANSTAR TRUSTEE SERVICES WHOSE ADDRESS IS: P.O. BOX 961253, FT. WORTH, TX 76161-0253 as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

SUBSTITUTION OF TRUSTEE - PAGE 2

TS No.: 20099070810854
TSG No.: 4135739
Loan No.: *****5752/ILNICKI

California

WELLS FARGO BANK, N.A.
by First American LoanStar Trustee Services, LLC
as attorney in fact

Date: 6/16/2009


CHET SCONYERS, Certifying Officer

State of TEXAS)
County of TARRANT)

Before me KENT R. O'QUINN *Notary Public* on this day personally appeared CHET SCONYERS, CERTIFYING OFFICER
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the
same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of JUN 16 2009, A.D., _____

WITNESS my hand and official seal,

Signature  (Seal)
KENT R. O'QUINN

